

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 4 — 0 0 2

2. STATE:

California

3. PROGRAM IDENTIFICATION - TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID):

4. PROPOSED EFFECTIVE DATE

April 1, 1994

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 9 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 454(4)(A)(i)(iii) of the Social Security
Act PSD for
42 CFR 433, 435, 436

7. FEDERAL BUDGET IMPACT:

a. FFY ~~\$1,120,800~~ 94 \$ ~~560,400~~ PSDb. FFY ~~\$5,441,100~~ 95 \$ ~~2,720,550~~ PSD

8. NUMBER OF THE PLAN SECTION OR ATTACHMENT:

70A & Attachment 4.22-D, pp. 1 thru 10

9. NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable):

None

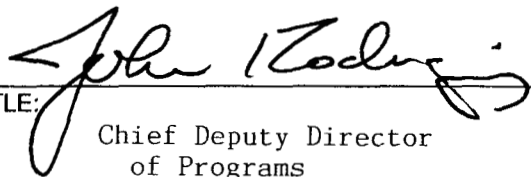
10. SUBJECT OF AMENDMENT:

Medi-Cal's Medical Support Enforcement Program

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

John Rodriguez

14. TITLE:

Chief Deputy Director
of Programs

15. DATE SUBMITTED:

4/1/94

16. RETURN TO:

Department of Health Services
Medi-Cal Eligibility Branch
Attn: State Plan Coordinator714 P Street, Room 1392
Sacramento, CA 95814**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

April 11, 1994

18. DATE APPROVED:

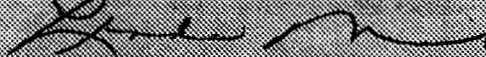
June 11, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 1994

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Revision: HCFA
April 1994

STATE: CALIFORNIA

CITATION

CONDITION OR REQUIREMENT

Citation

42 CFR 433.160 58 FR 49276	4.22(i)	Referral of Medicaid cases to child support enforcement (CSE)
	(1)	The Medicaid agency meets all requirements of 42 CFR 433.160
433.160(a)	(2)	Attachment 4.22-D
58 FR 49276	(a)	Describes the methods by which requirements for referral are met, that are contained in Section 433.160(a).
433.160 (b) and (c) 58 FR 49276	(b)	Describes the criteria and procedures by which the Medicaid agency implemented referral of Medicaid cases to the CSE agency.
42 CFR Part 433 42 CFR Part 435 42 CFR Part 436 58 FR 4907-8	4.22(j)	Exemption of poverty level pregnant women from the cooperation requirements of establishing paternity and obtaining medical support and payments as a condition of eligibility. The Medicaid agency has included this exemption in its medical support regulations and procedures.

PJD

TN No. 94-002
Supersedes

Approval Date JUN 11 2001

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CONDITION OR REQUIREMENT

Third Party Liability

- (1) The methods the California Medicaid agency uses for meeting the requirement of prompt notice to the child support enforcement (CSE) agency for referral whenever medical assistance is furnished to families who may be in need of CSE services are through regulation and manual procedure instruction to the county welfare departments. Prompt notice would be no later than two working days after a determination of medical assistance eligibility has been made.

Title 22, California Code of Regulations (CCR), Section 50157(j) states what forms must be forwarded within two days to the Family Support Division/District Attorney.

Our Medi-Cal Eligibility Manual (MEM), Article 23, at Section 23F, Referral Process, instructs the counties that, "All new applicants for Medi-Cal in the appropriate aid codes will be referred within two days of the Medi-Cal eligibility determination for medical support enforcement services."

- (2) The methods the California Medicaid agency used for meeting the requirement to describe the criteria and procedures by which the Medicaid agency implemented referral of Medicaid cases to the CSE agency are:
- (a) By implementation of the medical support regulations (Title 22, Sections 50060.6, 50771.5, 50101, 50157, 50175, 50185, 50227, 50351, and 50379) which were effective April 16, 1993.
 - (b) Medi-Cal Eligibility Manual (MEM)--Article 23 contains the procedures for Medicaid case referrals to the CSE agencies. The program was initially implemented on July 1, 1993 with Article 4R of MEM, which is now Article 23 of MEM.

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Partial Procedures are as follows:

23B. CONDITION OF ELIGIBILITY

1. MEDI-CAL ONLY

The county must inform an applicant for or beneficiary of Medi-Cal only that, as a condition of eligibility, the applicant or beneficiary must:

- o Assign to the State the applicant's or beneficiary's rights to any medical support and payments;
- o Cooperate in obtaining medical support and payments;
- o Cooperate in establishing paternity for a child born out of wedlock for whom aid is requested;
- o Cooperate in identifying and locating the absent parent; and
- o Provide information about possible entitlement to medical support and payments available through any third party.

If the applicant or beneficiary is found ineligible for Medi-Cal because of the above, this will not affect the child(ren)'s Medi-Cal eligibility. The applicant can withdraw the application, close the case, or become an ineligible member of the Medi-Cal Family Budget Unit (MFBU).

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23C. PATERNITY ESTABLISHMENT

1. PURPOSE

As a condition of Medi-Cal eligibility, an applicant/recipient must cooperate in paternity establishment when there is a child born out of wedlock for whom Medi-Cal is being sought. A referral is made to establish the existence of a father and child relationship and the duty of support. When two unmarried adults seek Medi-Cal for themselves and their children but do not cooperate with medical support, then the county must make a medical support referral for the children. A referral should be made whenever a child is born out of wedlock. (Title 22, CCR, Section 50101(b).)

23D. PETITION TO THE COURT

The county must notify each applicant or beneficiary placed in the following aid codes that the California Child Support Enforcement (IV-D) Agencies must, by law, petition to the court to include health insurance coverage in support orders when a child receives Medi-Cal. Referral in aid codes cited below will be for children under 18 with an absent parent or when a child is born out of wedlock. ~~HOWEVER, NO UNDOCUMENTED PERSONS, NO PREGNANT WOMEN, AND NO ONE APPLYING FOR MINOR CONSENT SERVICES WILL BE REFERRED.~~ Also, referrals for infants will be made after the 60-day postpartum period. (For explanation of absent parent situations, please refer to MEM Article 1-B.)

PSD

In situations where the applicant is filing for retroactive Medi-Cal only, no referral will be made. In situations where the absent parent is already providing health insurance, no referral is necessary.

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MEDI-CAL AID CODES (See Pages 4a to 4h) PSD

The following aid codes are the ones for which the Medi-Cal Eligibility Worker must refer the children with an absent parent.

7A	34	51	72	83
24	37	64	79	
27	47	67	82	

AFDC AID CODES (See Pages 4a to 4h) PSD

The following aid codes are the ones for which child support referrals, including medical support, should have already been made by the AFDC or Foster Care Intake Worker for AFDC or foster care cases.

30	33	40	45
32	35	42	

1. **PREGNANT WOMEN**

Medical support referrals will **NOT** be made on the absent/unmarried parent of an unborn child until the end of the 60-day postpartum period. If the absent/unmarried parent of the unborn has other eligible children in the MFBU, a medical support referral for these children will **NOT** be made until the end of the 60-day postpartum period of the pregnant caretaker parent. If a pregnant caretaker parent has other eligible children in the MFBU with a different absent parent than for the unborn, a medical support referral will **NOT** be made on the children of the absent or unmarried parent(s) until the end of the 60-day postpartum period of the pregnant caretaker parent.

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22	NO MEDI-CAL ISSUED		Aid to the Blind-Special Circumstances (BLIND-SC--Optional)--Special circumstances payments to blind adult recipients of SSI/SSP and SSP only.	
23	FULL	Y/N	Aid to the Blind-LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	
24	FULL	NO	Aid to the Blind Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	
26	FULL	NO	Aid to the Blind-Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of <u>Lynch v. Rank</u> . (See aid code 16 for definition of Pickle eligibles).	
27	FULL	YES	Aid to the Blind-Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	
28	FULL	NO	Aid to Blind-IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS).	
3A	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Family Group (CAAP-AFDC [FG]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3C	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Unemployed Parent Group (CAAP-AFDC [U]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3P	FULL	NO	AFDC Unemployed Parent (FFP) cash--Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions.	X

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3R	FULL	NO	Aid to Families with Dependent Children (AFDC)-Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions.	X
30	FULL	NO	AFDC-FG (FFP). Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent.	
32	FULL	NO	AFDC-FG (State Only) (non-FFP cash grant/FFP for Medi-Cal eligibles) . Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.	
33	FULL	NO	AFDC-Unemployed Parent (State Only) (non-FFP cash grant/FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.	
34	FULL	NO	AFDC MN (FFP). Covers families with deprivation or parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	
35	FULL	NO	AFDC-U (FFP Cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.	
36	FULL	NO	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	
37	FULL	NO	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC required of the beneficiaries.	

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38	FULL	NO	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent.	
39	FULL	NO	Initial Transitional Medi-Cal (TMC) - Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard.	
4C	FULL	NO	AFDC-FC-Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.	
4K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.	
4O	FULL	NO	AFDC-FC/Non Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	
42	FULL	NO	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care (IV-A) (IV-E).	
44	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy (FFP). United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	
45	FULL	NO	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC	
47	FULL	NO	Income Disregard Program (FFP). Infant - United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at of below 200 percent of the federal poverty level.	

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48	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnant-Undocumented/Nonimmigrant Alien (But Otherwise Eligible). Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	
49 Phasing Out	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy-Amnesty Alien. Provides planning, pregnancy-related, and postpartum services to any age female with income at or below 200 percent of the federal poverty level.	
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented pregnant aliens who do not have proof of permanent resident alien, PRUCOL, or amnesty alien status, but who are otherwise eligible for Medi-Cal.	
5K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	
50	Restricted to CMSP emergency services only	Y/N	CMSP MI-Restricted. Covers persons who have undetermined immigration status.	
51 (Expires 12/31/94)	FULL	Y/N	IRCA Aliens - Full Medi-Cal Benefits. Pre-1982 Amnesty Alien (ABD or under 18).	
52 (Expires 12/31/94)	Restricted to pregnancy and emergency services	Y/N	IRCA Aliens - Restricted Medi-Cal Benefits. Pre -1982 Amnesty Alien (Not ABD; not under 18).	
53	Restricted to LTC services only	Y/N	Medically Indigent - LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care.	
54	FULL	NO	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments.	

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